

# LOST RECEIPT CERTIFICATE

Please note: This form is to be filled in, printed, then FAXed or mailed to your servicing PSD

NAME:  SSN:  RATE/GRADE:

COMMAND NAME:  REPORT DATE:

I certify that the following receipt(s) has been lost, destroyed or are unobtainable and that all the information herein is true and correct to the best of my knowledge.

☐ Lodging Receipt:

Hotel/Motel name:

City and State:

Daily **Single Occupancy** rate \$

Dates of occupancy From:  To:

☐ Airline Ticket:

Name of Airline:

From (City/State):

To (City/State):

Date Purchased:

Where Purchased:

☐ Car Rental/Taxi:

Car Rental/Taxi Company:

Location:

From (City/State):

To (City/State):

Total Amount Paid \$

☐ Other (Specify):

Brief explanation of how it happened:



Reset

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This is to certify that this statement is true to the best of my knowledge and that if the original receipt is found, no additional claim will be filed.

\_\_\_\_\_. Signature and Date

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**PENALTY** The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of five (5) years or both. (U.S. Code title 18, Section 287, formerly Section 80)

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PSA PUGET SOUND 7000/2 (NEW 11/94)(EF)

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